



# KENTOURS SACCO SOCIETY LTD

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1<sup>st</sup> Floor Commodore Office Suites  
Kindaruma Road, Kilimani, Nairobi

## APPLICATION FOR RESTRUCTURING OF RUNNING LOANS

Office R/No. \_\_\_\_\_

Date received in office \_\_\_\_\_

### (A) Personal Details

Full Names \_\_\_\_\_ I.D: No. \_\_\_\_\_ (Attach Copy)

Physical Address (Home/Estate) \_\_\_\_\_ KRA Pin \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone (Private) \_\_\_\_\_ Age \_\_\_\_\_

Membership Number \_\_\_\_\_ Payroll Number \_\_\_\_\_

### (B) Loan Details

**Please state the loan type by ticking.**

Normal  Emergency  School Fees  Super School Fees  Premium  Instant

Home Appliances  Bank Loan Bailout  Housing

Current loan balance in figures: \_\_\_\_\_

Current Amount in words: \_\_\_\_\_

Remaining Repayment Period (in months) \_\_\_\_\_ Additional Repayment Period (in months) \_\_\_\_\_

Member's Signature \_\_\_\_\_

### (C) Employment Details

Employer \_\_\_\_\_

Physical Address / Station \_\_\_\_\_

Office Telephone \_\_\_\_\_

Your Designation \_\_\_\_\_

Department \_\_\_\_\_

### (E) Authority to deduct my salary, hold my deposit and terminal dues and dispose my securities

I hereby authorize the Society to deduct my salary to pay the amount of loan granted to me on monthly basis under the terms which the loan is given until it is cleared in full. Should I leave employment before completion of repayment, or default to pay, I hereby authorize the balance to be deducted from my deposits in the Society and also from my terminal and pension benefits as well as selling of the securities that I have given towards the loan and attaching any other properties that I own.

**(F) Repayment Guarantee**

We, the undersigned guarantors hereby agree to the restructuring of the loan per the details on Page 1. We understand that restructuring will extend the term of the loan beyond the initial loan repayment period by the number of months indicated in part (B) above.

We jointly and severally accept liability for the repayment of the loan in the event of the loanee’s default. We understand the amount may be recovered by an offset against our deposits in the Society or by attachment of our salaries or properties and that we shall be liable for the defaulted loans to the tune of the amount guaranteed.

**Guarantors**

Name	Employer	ID No.	Member No.	Signature	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Loanee’s Name \_\_\_\_\_ Signature \_\_\_\_\_ ID No. \_\_\_\_\_ Date \_\_\_\_\_

**Notes**

- 1. Restructuring applies to running loans only.**
- 2. All guarantors of the initial loan must consent to the extension of repayment period by appending their signatures on section F above.**
- 3. The restructured loan must be repaid within the maximum period of the specific loan product per the Sacco’s Loans Policy.**
- 4. All the other terms and conditions for the specific loan product will apply upon restructuring.**